

## Georgia Families 360°





# Monitoring and Oversight Committee March 30, 2015



#### Agenda

- Welcome and Introductions
- Overview of Monitoring & Oversight Committee
- Review of Georgia Families 360°
  - Goals & Objectives
  - Design Characteristics
- Implementation Activities
- Ongoing Focus
- Monitoring & Oversight Committee Operations
- Q&A

# Georgia Families 360° Background

- The state's new managed care program for youth in foster care, adoption assistance and youth in nonsecure community residential placements with the juvenile justice system
- Amerigroup is the CMO vendor contracted with DCH to manage the healthcare for this population
- The program launched in March 2014



#### Overview of Monitoring & Oversight Committee

- ✓ Operational Oversight
- ✓ Quality Improvement
- ✓ Ensure program goals and objectives are met and are consistent with the Georgia Families Quality Strategy
- ✓ Monitoring of transparent reporting
- √ Focused studies



# Georgia Families 360° Goals & Objectives

- Reduce disruption and increase stability
- Foster permanency and long term independence
- Improve health outcomes through Care Coordination
- Integrate coordination of all healthcare services
- Engagement of a primary care physician and primary dental provider



#### Georgia Families 360° Characteristics

- Complex Care Coordination
- Intensive collaboration with child-serving agencies
- High focus on behavioral health
- Promotion of holistic planning and care coordination
- Value Based Purchasing
- Monitoring & Oversight Committee



## **Amerigroup Responsibilities**

- Complex Care Coordination Services
- Health Risk Screenings (HRS)
- Development of Health Care Plans (CP)
- Medical and Dental homes for each member
- Managing pharmacy benefits
- Ensuring timeliness of medical, dental & trauma assessments



## Initial Operations

- Provider Outreach and Education
- Member Outreach and Education
- Policy Development
- Workflows
- FAQs

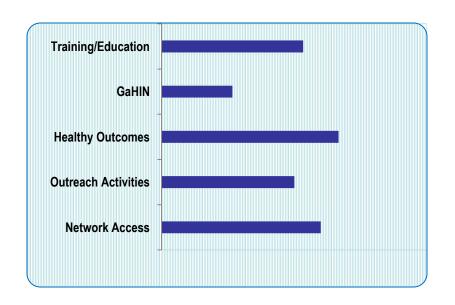


- Initial Operations
  - "War room" calls twice per day to mitigate member issues
  - Weekly Escalation calls from April-October 2014
    - 134 escalations in the first month
    - 150 escalations from March 3-June 3
    - 63 escalations from June-October 2014
    - 82% resolved in a 48-hour average turnaround time to resolution
  - Weekly Cadence meetings with Amerigroup and DCH,
     DFCS, DJJ, and DBHDD to track and communicate with the larger team



#### **Ongoing Operations**

- Weekly Escalation Calls
- Bi-weekly Cadence Calls
- Bi-weekly Sister-agency calls
- Weekly DCH/Amerigroup Executive calls
- Continued resolution of escalated issues





#### 90 Day Transition Period

- No Prior Authorizations required/Existing Prior Authorizations honored
  - Members continued to receive healthcare services from their existing providers even if not in network
  - Extended to 120 days for behavioral health providers
- Provider Outreach and Education
- Continued outreach to complete HRS and CP



Health Risk Screening

97% of children have had a health risk screening

Care Plans

100% of children with Complex Care Coordination needs have care plans

Health Check

100% of children have an assigned Primary Care Provider

√59% Health Check visit compliance between March 2014 and Dec 2014 for Amerigroup compared to 40% pre-Amerigroup



- Dental Home
  - 100% have a primary dental provider assigned
    - 55.8% compliant with dental check-ups
    - 40% compliant pre-Amerigroup
- Outreach
  - 16,000+ outreach calls have been made since go live by outreach care specialists & care coordinators scheduling preventative visits for medical and dental.



#### Psychiatric Residential Treatment Facilities (PRTFs)

- DCH negotiated with Amerigroup and collaborated with DFCS/DJJ in planning for 127 members to be discharged who no longer met medical necessity criteria
  - Negotiated-Notice of level of care expiration is at least
     10 days in advance of expiration- staggered discharges
  - PRTF readmission rates are being tracked
    - 1.34% /~6 months with Amerigroup
    - Compared to 9.87% / 2013 rate for the same 6 month time period in 2013



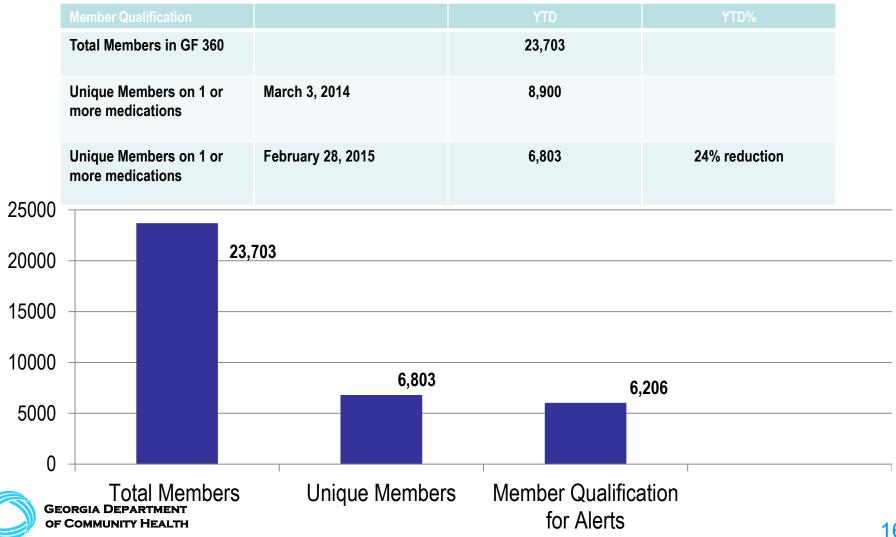
#### Psychotropic Medication Coaches Program (PMC)

- Goal: To improve therapy outcomes for children who are taking behavioral health agents and are at risk for medication-related problems by:
  - Improving medication compliance
  - Detecting and reducing adverse drug events
  - Monitoring and reducing patterns of overuse
  - Providing frequent and routine outreach for high risk members



- Amerigroup's unique PMC model uses a targeted approach, working with prescription claims, to qualify members and identify potential drug therapy problems
- Georgia Families 360° members were qualified for PMC services per criteria
- Claims were processed through the qualification logic and members taking 1 or more psychotropic medications were enrolled in the program





- Communication between the agencies and among stakeholders
  - Comprehensive training of field staff to better understand role of Amerigroup
  - Continue to demonstrate how Amerigroup's can relieve workloads of sister agency staff
  - Clarifying role of the community placement caregiver to work with Amerigroup



- Creation of consistent continuity of care practices
- New community resources brokered by Amerigroup
- Non-traditional and specialist services and providers identified
- Member option to participate in Case Management
- DCH Programmatic record reviews



- Separate meetings with provider associations
  - Together Georgia
  - GATS
  - North Georgia System of Care Council
  - GAAAP



- Eligibility
- GaHIN-Georgia Health Information Network
- Value Based Purchasing



Anecdotal Success Stories



#### **Monitoring & Oversight Committee Operations**

- Members will serve for duration of current contract (June 30, 2016)
- Meeting frequency: Quarterly
- Meeting agendas
  - Quality Strategy
  - Data reporting from Year one
  - Identify focus and data requests
  - Subcommittees





